

Section of Laryngology

25

Sir JAMES DUNDAS-GRANT said that the cautery was useful in the case of nodules found at the junction of the anterior and middle thirds of the cord. He had a case supporting this view, that of a woman with a large family who had to use her voice a good deal. In the present case there was paresis of internal tensors, and vocal treatment should be given.

Mr. LAWSON WHALE said he agreed that there was paresis of the internal tensors in this case.

Mr. CARRUTHERS (in reply) said that this patient had not been kept absolutely silent, but for seven months she had not spoken above a whisper. In spite of this treatment the local condition had spread and she was very hoarse. Perhaps absolute silence would produce improvement. The patient worked in a dusty atmosphere in a factory where there was machinery and it was necessary for her to strain her voice in order to make herself heard.

Basal-celled Carcinoma of Larynx: Recurrence after Five and a Half Years.

By WALTER HOWARTH, F.R.C.S.

MRS. D., aged 58.

Operation: On June, 1921, the whole of the left ventricular band and the left vocal cord along with the anterior third of the right cord were removed. The case was fully reported in the *Journal of Laryngology*, June, 1922.

At the present time there is a small recurrence of the growth on the left side anteriorly.

Discussion.—Mr. LIONEL COLLEDGE said that before the operation the growth had extended to the opposite side of the larynx; therefore, if this was a genuine recurrence, he thought the whole front of the larynx on both sides—possibly even the entire larynx—would have to be removed. If the patient opposed an extensive operation, radium would be worth a trial, as this form of growth genuinely responded to its use.

Sir JAMES DUNDAS-GRANT said that if the patient were not opposed to operation, a portion of the growth might be removed for microscopical examination. But in view of opposition, it might be better not to take a piece away, as the procedure might conceivably stir up the trouble. Basal-celled carcinoma responded favourably to radium treatment.

Mr. HOWARTH (in reply) said that the patient was only opposed to an extensive operation which might involve loss of voice. He proposed to examine her in hospital by the direct method, and to remove a portion of the growth so as to ascertain whether it was a true recurrence or not. He thought more than laryngo-fissure would be necessary, because of the extent of the primary growth, even though it was a very slow-growing type of cancer, practically a rodent ulcer. If the patient would consent to operation he would expose the tumour and imbed radium in it, or carry out a limited excision.

Two Cases of Chronic Hyperplasia of Superior Maxilla.

By WALTER HOWARTH, F.R.C.S.

Case I.—PATIENT, female, married, has noticed for the past four or five years a gradual swelling of the right upper jaw, quite painless in character.

The diagnosis rests on the long history, the minor character of the pain and the resultant deformity, together with the normal condition of the mucous membrane and absence of inflammatory phenomena, especially tenderness on pressure.

Macroscopic and microscopic appearances of a piece of bone removed show the typical structure associated with this condition, which was first described by Mr. Westmacott. X-ray examination shows areas of hyperplasia in the basisphenoid and also in the vault of the skull.

26 Howarth: *Endothelioma of Antrum apparently Cured by Radium*

Case II.—Patient, male, aged 19. Operated on three years ago. The macroscopic appearance of the bone was similar to that in the preceding case, but the microscopic slide shows alternate layers of bone and cartilage, without any fibrous tissue. This appearance is quite different from the usual picture of spongy bone formation with proliferating osteoblasts, together with the destruction of the spongy bone by masses of osteoclasts, a vascular interstitial tissue and the laying down of much fibrous tissue.

The previous operation was not by any means complete, but the clinical appearance has not progressed except in the alveolar border.

Specimen of Hyperplastic Bone from the Frontal Sinus.

By WALTER HOWARTH, F.R.C.S.

THE macroscopic and microscopic appearances present many features similar to those associated with chronic hyperplasia of the maxilla.

Endothelioma of Antrum apparently Cured by Radium. Recent Local Recurrence after Three Years.

By WALTER HOWARTH, F.R.C.S.

MR. C. D. had an enormous tumour of the right upper jaw and was first seen in a moribund condition. Radium produced an almost magical disappearance of the growth. Recently two small nodules have appeared.

Discussion.—Dr. W. H. KELSON, referring to the case of the boy with a swelling of the upper jaw, said that he had seen a number of such cases, and asked whether the trouble might not have started in the nasal cavity. This might help to solve the ætiology, which at present was very obscure. Did Mr. Howarth think that the conditions as shown by the microscopical slides were different stages of the same thing? Professor Knaggs considered them to be probably different varieties of the same disease. This boy appeared to have good teeth, but there was dental trouble in most of Mr. Westmacott's cases.

Mr. W. S. SYME said he had seen numbers of these cases, and did not think that X-ray examination of the sinuses was sufficient to exclude the possibility of sepsis, which was almost always present. These cases ought always to be thoroughly investigated from this point of view.

Mr. A. J. M. WRIGHT said that in one such case he had removed a considerable portion of bone and opened the antrum. In that case the lining of the antrum had been healthy.

Mr. HOWARTH (in reply) said that he had hoped to obtain suggestions as to treatment. Mr. Westmacott, in 1913, had suggested chiselling away all the redundant bone until healthy bone was arrived at. That had been done in the case of the boy (Rouge's operation); the woman had been treated with radium. He thought this might produce a good result, because it was difficult, when doing a Rouge's operation, to be certain where pathological bone ended and normal bone began, as one shaded off into the other. The deformity in these cases was sometimes very distressing. The boy was not cured, but his condition was much improved. He (Mr. Howarth) understood that these conditions did not originate in or invade the nasal cavity, and the remaining portion of the antrum was found to be healthy. The origin of the condition was, he believed, in the teeth, the sepsis there causing a chronic osteomyelitis. Pathologists were not agreed as to the exact nature of the condition.

The specimen of hyperplastic bone from the frontal sinus looked like the same under the microscope. He had shown the case of endothelioma of the antrum in order to demonstrate what could be done with radium in an inoperable growth. It dropped out after radium treatment. There were two small recurrences, which he intended to deal with in two days' time by excision, as radium used for recurrences was in his opinion often unsatisfactory in result.